New York Wing	Conference 2004/	/Cadet Fest 2004	— Regist	ration Form
Name:		Charter #: NY	CAPID: _	
Address:		_ City:	State:	Zip:
Telephone: Days:	Evenings:		Cellular/Page	er:
Please re All package options includ You must be pre-register		nd Banquet fees	 indicate year 	our meal choice below.
(Please note that Breakfa I enclosed a check payable				
1 Night (Fri or Sat - CIRCLE	ONE)/1 Senior in Room	n \$ 111 2 Nig	ghts (Fri&Sat)	/1 Senior in Room \$ 191
1 Night (Fri or Sat - CIRCLE	ONE)/2 Seniors in Roo	m \$ 147 2 Ni	ghts (Fri&Sat)	/2 Seniors in Room \$ 226
1 Night (Fri or Sat - CIRCLE	ONE)/3 Cadets in Room	n \$ 67 [*] <u> </u>	ghts (Fri&Sat)/3 Cadets in Room \$ 97*
1 Night (Fri or Sat - CIRCLE	ONE)/4 Cadets in Roon	n \$ 62* 2 Ni	ghts (Fri&Sat)/4 Cadets in Room \$ 88*
*(Cadets must complete the Re	lease Form and obta	in ALL approvals. <u>(</u>	Cadet Packag	ges are priced PER CADET)
Roommate(s):				
	+	(3 rd /4 th roommate only	y valid with ca	det package)
Conference Day OnlyBanquet Only – Sature				
Meal Choice: # Prime Rib				
Payment method:			=======	=======================================
BY CHECK - I enclose a check in the	e amount of \$, made paya	ble to " NATIO	NAL HEADQUARTERS, CAP
BY CREDIT CARD - AMEX / VISA	/ MC / DISC (CIRCLE OI	NE) EXP DATE (MM	1/YY)	
Credit Card #	Card Holder	Signature:		
105 So	al Headquarters, 0 Y Wing Conferenc uth Hansell St. Blo II AFB, AL 36112-6	ce dg 714		
For Credit Card payment, you may e	either mail or fax the for	m to: (334) 953-	6015	
CONFERENCE COORDINATOR: L	t Col Randall Johnsor	n, CAP LTCRAJ	@CS.COM	
Refunds will not be issued a	fter Anril 7th			